

OUTLINE OF ORTHOPÆDICS. By John Crawford Adams, M.D.(Lond.), F.R.C.S.(Eng.). Fifth Edition. (Pp. vii + 471; figs. 328. 37s. 6d.) Edinburgh and London: E. & S. Livingstone, 1964.

THIS book has now reached its fifth edition in nine years, proof enough of its popularity, and Mr. Crawford Adams is to be congratulated for the clear, simple way in which he has synopsed the whole range of orthopaedics.

One feature of the book is the inclusion of some notes on the methods of examination of joints and limbs, and this the medical student will find most instructive.

Operative techniques have been rigidly curtailed, and the reader will only have to appreciate the possibilities of surgery in orthopaedics and not the details.

This is THE book for medical students and it can be strongly recommended, not only to those preparing for their qualifying examination but also to other practitioners who have to deal from time to time with orthopaedic problems.

R. J. W. W.

PULMONARY TUBERCULOSIS. By Walter Pagel, M.D., F.C.Path; F. A. H. Simmonds, M.A., M.D., D.P.H.; Norman Macdonald, M.D., F.R.C.P.E.; E. Nassau, M.D., D.T.M. and H., F.C.Path. Fourth Edition. (Pp. x + 520; figs. 229. 105s.) London: Oxford University Press, 1964.

THIS excellent textbook reflects the great change in the behaviour of tuberculosis since the first edition was published in 1939, and contains in clear and readable form the accumulation of knowledge in the same period. Thus the chapters on the tubercle bacillus, resistance to disease and the evolution of tuberculosis in man contain much that is new, and they are closely argued. It is a little dogmatic of the authors to insist on describing lesions as "primary" or "post-primary." Many of us prefer the American terms, "childhood" and "adult" because they embody the great differences between the behaviour of tuberculosis in children and adults without presupposing a certain specific sequence of pathological events; but this criticism is negligible in discussing a disease as controversial as tuberculosis.

There is a commonsense account of management and treatment and an interesting chapter on epidemiology and prevention. The principles which are given of surgical treatment are in accordance with current practice in this country, but not all would agree that thoracoplasty and even artificial pneumothorax had no place in treatment in countries less favourably placed than ours.

The remarkable success of efforts in the highly developed countries of the world to control tuberculosis has led to the view that we do not need any longer to know much about it and that with suitable chemotherapy all tuberculous lesions can be healed. This is a dangerous simplification which ignores the pathology of tuberculosis and ignores also the fact that without the support of the thoracic surgeons when chemotherapy first begun, we would now be having the same problem of widespread drug resistance which is obstructing the control of tuberculosis in every country where chemotherapy is the only available weapon.

That so much of this book is devoted to our understanding of the behaviour of tuberculosis is its main justification and the reason for its enhanced reputation.

E. F. J.

RESPIRATORY FAILURE. By Ronald V. Christie, M.D., D.Sc., F.A.C.P., F.R.C.P.(Lond.). (Pp. 24. 5s.) Edinburgh: Royal College of Physicians of Edinburgh, 1964.

THIS is the Frederick Price lecture, delivered by Professor Christie, Professor of Medicine, McGill University, Montreal, on 13th November, 1963.

There is an aphorism that "good lectures say little." Professor Christie is a great lecturer. The power of this lecture is the clarity and simplicity with which he tells us how respiratory depression produces anoxia and carbon dioxide retention, the harm that results and how we may recognise and treat respiratory depression.

Buy, read and keep.

O. L. W.